

Week Ending: _____

Weekly OJT Evaluation Form

Maine Department of
Transportation

Trainee Name: _____ Classification: _____
Project #: _____ Wage: _____
Location: _____ Effective Date: _____
Company: _____

Submit to: Construction Manager
(include for off site training)

STATE USE ONLY

Hours eligible for
reimbursement: _____

N=Needs Improvement A=Acceptable E=Excellent

Phase of Training	Safety	Productivity	Quality	Understanding	Attitude	Attendance	Required Hours	Hours Accumulated as of Last Week	Total Hours This Week on site off site	Total Hours Accumulated To Date
Total Hours										

Date: _____

Explanation: _____

_____ ☐ Promotion (wage increase: _____)
_____ ☐ Discipline _____
_____ ☐ Dismissal _____
_____ ☐ Quit _____
_____ ☐ Laid Off _____

Job Functions
Performed This Week & Other Comments:
(Complete Each Week)

Completed by: _____ Date: _____ Trainee's Signature: _____ Date: _____
(Immediate Supervisor)

MDOT Representative: _____ Date: _____

(Copies To: 1-MDOT, 2-Company, 3-MDOT On-site Representative, 4-Trainee)